

FAX TRANSMISSION

DATE: November 5, 2008

PTO IDENTIFIER: Application Number 09/896,836—Confirmation No.:5870
Patent Number 7,376,563

Inventor: Leysieffer et al.

MESSAGE TO: US Patent and Trademark Office – Office of Petitions

FAX NUMBER: (571) 273-0025

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PAGES (Including Cover Sheet): 3

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- Request Under 37 CFR 1.28(c) (1 page)
- Certificate of Fax Transmission (1 page)

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#74625

Application No. (if known): 09/896,836

Attorney Docket No.: 22409-00120-US

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- Request Under 37 CFR 1.28(c) (1 page)

#74625

**CORRECTION TO SMALL ENTITY STATUS AND DEFICIENCY PAYMENT
(37 CFR § 1.28(c))**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Attorney Docket No.	22409-00120-US
First Inventor Name	LEYSIEFFER, Hans
Patent Number	7,376,563
Issued Date	May 20, 2008
Application Number	09/896,836
Filed Date	July 2, 2001
Title	SYSTEM FOR REHABILITATION OF A HEARING DISORDER

REQUEST FOR CORRECTION TO SMALL ENTITY STATUS

Small entity status was established in good faith in the above-identified application or patent, and fees as a small entity were paid in good faith, and it was later discovered that such status as a small entity was established in error, or that through error the Office was not notified of a loss of entitlement to small entity status as required by § 1.27(g)(2), the undersigned requests that the error be excused by correcting the small entity status from small entity to large entity and to make the following deficiency payment.

NOV 5 2008

CALCULATION OF DEFICIENCY PAYMENT

Type of fee erroneously paid as a small entity	Amount Paid	Date of Payment	Current Large Entity Fee	Deficiency Amount Owed
1. Utility Filing Fee	\$ 355.00	July 2, 2001	\$ 850.00	\$ 495.00
2. Surcharge for late filing of Declaration	\$85.00	September 6, 2001	\$130.00	\$65.00
3.				
4.				
5.				
				Total \$560.00

METHOD OF PAYMENT

Enclosed herein is payment of the deficiency payment shown above for the above-identified application or patent.

The Commissioner is hereby authorized to charge payment of any fees associated with this communication, any deficiency in payment of the required fees, including fees under 37 C.F.R. §§ 1.16, 1.17, and 1.20 or credit any overpayment to Deposit Account No. 22-0185.

Other _____

SIGNATURE/CORRESPONDENCE

I am the:

- Registered attorney/agent of record New Power of Attorney Attached
 Registered attorney/agent not of record acting as a representative
 An assignee as provided for under § 3.71(b)
 All applications/inventors

Name	Michael G. Verga	Registration No. (Attorney/Agent)	39,410
Signature	/Michael G. Verga/	Date	November 5, 2008
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I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(e)(4).

Dated: November 5, 2008
 Electronic Signature for Michael G. Verga: /Michael G. Verga/